New Course Outline

Course Number: PHM114H1
Course Title: Social and Behavioural Health

Course Description:
This course is composed of two components: 1) introduction to sociological theories and concepts that impact health and health care; 2) introduction to the ways in which individual psychology shapes and affects health and health care. Topics such as the social determinants of health and related ethical issues; the social construction of disease; and the exploration of when and why people seek health care services will be used to stimulate discussion about how social forces impact pharmacy practice. Behaviouralist, cognitivist, developmentalist, and psychoanalytic theories will be used to help students understand the range of responses and behaviours individuals may demonstrate when dealing with health-related issues. Students will apply these theories to discussions of different patient education (counselling) approaches designed to optimize personal and health-related outcomes.

Semester: ☒ Winter
Course Type: ☒ Mandatory

1. Course Learning Objectives:
Upon completion of this course, students will have achieved the following level of learning objectives:
Introductory = knowledge and comprehension of concepts, definitions
Intermediate = application of concepts to simple situations
Advanced = application of concepts to more complex situations with ability to synthesize and evaluate

Knowledge
Introductory Level:
  a) Distinguish ethics, morals and law
  b) Define other key ethical issues discussed in class and in readings
  c) Discuss ethical issues and principles found in the OCP Code of Ethics
  d) Explain the concepts of medicalization, illness, sickness and disease
Intermediate Level:
   e) Apply ethical principles to the discussion of pharmacy-related cases
   f) Describe, compare and contrast the impact of the social determinants of health
   g) Communicate ideas and reflections about course material effectively in both oral and written forms

Advanced Level:

**Skills**
Introductory Level:
   a) Apply patient education models in community-service settings
   b) Discuss the impact of individual psychology on healthcare-related behaviours

Intermediate Level:
   c) Critical reasoning applied to case analysis
   d) Facility in applying principles and theory to practice
   e) Apply knowledge of social determinants of health to explain patient behaviour

Advanced Level:

**Attitudes/Values:**
Introductory Level:
   a) Recognize the role that values play in everyday practice and in the resolution of conflicts in clinical care

Intermediate Level:
   b) Use knowledge of the social construction of disease and patient perspectives to reflect on your own assumptions
   c) Analyse their own assumptions using health psychology theories, and reflect upon/describe opportunities for personal development

Advanced Level:

2. **Rationale for Inclusion in the Curriculum:**
Social forces shape the ways we think about health, illness and disease and the meanings individuals attach to health and illness experiences. Understanding the social determinants of health helps health care practitioners provide patient-centred care that is meaningful to patients within their individual contexts and that is mindful of the diversity patient experience. As health care professionals who work directly with clients/patients, pharmacists must understand how individual psychology may shape responses to health and health-care issues. The ability to apply
health psychology to pharmacy practice will enhance the quality and effectiveness of patient care and will facilitate pharmacist-patient communication and the therapeutic relationship.

3. Pre-requisites:
Health Systems 1

4. Co-requisites:

5. Course Contact Hours and Teaching Methodologies:

<table>
<thead>
<tr>
<th>Didactic (lecture)</th>
<th>Hours: 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large group problem-based/ case-based learning (group size: )</td>
<td>Hours:</td>
</tr>
<tr>
<td>Laboratory or Simulation</td>
<td>Hours:</td>
</tr>
<tr>
<td>Tutorial/Seminar/Workshop/Small Group (group size: 60 )</td>
<td>Hours: 6</td>
</tr>
<tr>
<td>Experiential</td>
<td>Hours:</td>
</tr>
<tr>
<td>On-line</td>
<td>Hours:</td>
</tr>
<tr>
<td>Other (please specify):</td>
<td>Hours:</td>
</tr>
<tr>
<td><strong>Total Course Contact Hours</strong></td>
<td><strong>Hours: 32</strong></td>
</tr>
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</table>

6. Estimate and description of student’s weekly out-of-class preparation time excluding exam preparation:
Students should spend up to two hours/week reading assigned articles prior to class. Students should spend approximately 3 hours preparing for tutorials.

7. Topics Covered and Lecture Specific Learning Objectives

**Week 1**
**Lecture Topic:** Introduction and Professional Ethics

**Lecture Learning Objectives:**
In this class we will discuss the new Code of Ethics recently approved by the Ontario College of Pharmacists. We will look at key terms and concepts that can help define what ethical professional practice looks like, and discuss two issues of professional ethics:

1) Should pharmacists sell homeopathic products?
2) Unprofessional student conduct.

This class helps prepare you for the Induction to the Profession of Pharmacy Ceremony.

**Week 2**
**Lecture Topic:** Clinical Ethics
Lecture Learning Objectives:
In this class we will discuss principles that can help in the identification and resolution of ethical dilemmas that can arise in the practice of pharmacy. A model for ethical decision-making will be introduced, and practice in case analysis will be given to aid with the ethics tutorials.

Week 3
Lecture Topic: Getting Ill and Seeking Help

Lecture Learning Objectives:
In this class we will explore the notion that there is a difference between illness, sickness and disease. In addition, we will examine lay health beliefs, and ‘help seeking’ behaviour. An appreciation of why not all individuals respond to symptoms in the same way, nor do they all feel the need to seek treatment is important for clinical practice.

Week 4
Lecture Topic: Health as a Social Issue

Lecture Learning Objectives:
− What is sociology and how can it be used to understand health and illness?
− What social patterns of health and illness exist?
− What is the social model of health and how does it differ from the medical model?

Week 5
Lecture Topic: Social Determinants of Health

Lecture Learning Objectives:
(Film: Unnatural Causes by California Newsreel)
In this class we explore the notion that health is determined by many other factors besides biology. Specifically, we will examine the social determinants of health such as poverty, “race”, gender, age, etc. These kinds of determinants often act as constraints upon what patients can be reasonably expected to do to be healthy, and also influence whether they are even concerned with being healthy. Understanding the impact of these determinants, and their apparent intractability, will make you more effective pharmacists. We will watch a documentary and have a discussion based on the film.

Week 6
Lecture Topic: Big Pharma and the Pharmacist

Lecture Learning Objectives:
In this class we will explore, through a discussion of the film, “Big Bucks Big Pharma”, the place of the pharmacist within the larger social context of the pharmaceutical industry and the healthcare system. We will revisit the topic of conflicts of interest, and the role of the pharmacist as advocate and medication therapy expert in light of the expanded (and expanding) scope of practice in Ontario.
**Week 7**
Lecture Topic: Introduction to Psychological Theories

Lecture Learning Objectives:
In this lecture, we will review the major psychological theories that will be discussed in the course: behaviouralism, cognitivism, developmentalism, and the psychoanalytic tradition. General principles of application of each of these theories to pharmacy practice will be reviewed in the context of trait theories. In this lecture, we will also discuss the topic of health literacy to provide context for the complexity of social and behavioural health.

**Week 8**
Lecture Topic: Mid-Term Exam

Lecture Learning Objectives:
n/a

**Week 9**
Lecture Topic: Introduction to Behaviouralism

Lecture Learning Objectives:
Behaviouralism purports to explain traits through the predictable application of rewards and punishments or stimuli and responses. In this lecture, the application of behaviouralism to pharmacy practice and patient care will be discussed.

**Week 10**
Lecture Topic: Introduction to Cognitivism

Lecture Learning Objectives:
The Cognitivist tradition stresses the centrality of reasoning over emotion and provides clinicians with a series of persuasive techniques that may be useful in motivating behavioural changes. In this lecture we will review and apply cognitivist theories to patient care situations.

**Week 11**
Lecture Topic: Introduction to Developmentalism

Lecture Learning Objectives:
The Developmentalist tradition highlights the importance of hallmarks and milestones in human growth as the predictor of trait formation and behaviour. In this lecture, major developmental theories will be reviewed and application to the practice setting will be discussed.
**Week 12**

**Lecture Topic:** Introduction to the Psychoanalytic Tradition

**Lecture Learning Objectives:**
The work of scholars such as Freud and Jung have fundamentally shaped our understanding of human nature and behaviours. In this lecture we will review the principles of the psychoanalytic tradition with particular emphasis on application to communication between pharmacists and patients.

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**Week 13**

**Lecture Topic:** Application to patient care: attention deficit and hyperactivity disorder (ADHD)

**Lecture Learning Objectives:**
In this session we will review application of the major psychological theories discussed in this course in the context of a pharmacotherapeutically complex condition of ADHD.

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8. **Assessment Methodologies Used:**

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Course Learning Objectives Addressed</th>
<th>Assessment Method Used</th>
<th>Percent of Course Grade</th>
<th>For Group Work: Individualized or same mark for all group members</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Assignment ☐ Presentation (Group) ☐ Participation ☐ Mid-term ☐ Final Exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☒ Assignment ☒ Presentation ☐ Participation ☐ Mid-term ☐ Final Exam</td>
<td></td>
<td>Tutorial Group Presentation</td>
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<tr>
<td>☐ Assignment ☐ Presentation ☐ Participation ☐ Mid-term ☐ Final Exam</td>
<td></td>
<td>Critical Reflection Assignment</td>
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<td></td>
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<tr>
<td>☐ Assignment ☐ Presentation ☐ Participation ☒ Mid-term ☐ Final Exam</td>
<td>Module 1 material</td>
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<td>30%</td>
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<tr>
<td>☐ Assignment ☐ Presentation ☐ Participation ☐ Mid-term ☐ Final Exam</td>
<td>Module 2 material</td>
<td>Short answer, fill-in-the-blanks, and essay style questions</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

*Expectation for pass grades for all Pharmacy courses is 60%*
9. Policy and procedure regarding late assignments/examinations/laboratories:
Late Assignment Policy:
Students who fail to submit an assignment by the specified due date will receive a deduction of -5% for each day beyond the due date (including weekends/holidays), to a maximum of 35%. Assignments will not be accepted for grading after 7 late days.

10. Policy and procedure regarding missed assignments/examinations/laboratories:
Missed Exam/Test Policy:
Students who miss an examination or a test and who have a valid petition filed with the Registrar's office will be eligible to complete a make-up examination or test. The format of this examination or test will be at the discretion of the course coordinator, and may include, for example, an oral examination.

Missed Assignment Policy:
Students who fail to submit an assignment by the specified due date, and who have a valid petition filed with the Registrar's office will be eligible to submit the completed assignment, or an alternative assignment based on course requirements, with no academic penalty.

11. AFPC Education Outcomes addressed (check all those that apply):
- Refer to AFPC Educational Outcomes for Professional Programs for further information about the role and key competencies.

As Care Providers, pharmacy graduates:

**CP1 – Practice within the pharmacist scope of practice and expertise**

- CP1.1 Apply knowledge from the foundational sciences to make decisions relevant to the contemporary and evolving scope of pharmacist practice;

- CP1.2 Integrate AFPC Communicator, Collaborator, Leader-Manager, Health Advocate, Scholar, and Professional roles in their practice of pharmacy;

- CP1.3 Recognize and respond to the complexity, uncertainty and ambiguity inherent in pharmacy practice;

- CP1.4 Explain the benefits, risks and rationale associated with pharmacist-provided care as an important step in obtaining and documenting consent to pharmacist care;

- CP1.5 Recognize and take appropriate action when signs, symptoms and risk factors that relate to medical or health problems that fall into the scope of practice of other health professionals are encountered.

**CP2 – Provide patient-centred care**

- CP2.1 Collect, interpret, and assess relevant, necessary information about a patient's health-related care needs;
CP2.2 Formulate assessments of actual and potential issues and in collaboration with the patient and other health team members as appropriate, prioritize issues to be addressed in a given patient encounter;

CP2.3 Create and document plans in collaboration with the patient and other health team members as appropriate, and make recommendations to prevent, improve or resolve issues;

CP2.4 Implement plans in collaboration with the patient and other health team members as appropriate, including:

- CP2.4.1 obtaining consent
- CP2.4.2 making a referral or consulting others
- CP2.4.3 adapting, initiating, renewing/continuing, discontinuing or administering medication as authorized
- CP2.4.4a dispensing and/or
- CP2.4.4b compounding and/or
- CP2.4.4c delegating/authorizing such tasks to others appropriately
- CP2.4.5 engaging the patient or care-giver through education, empowerment and self-management, and
- CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care.

CP2.5 Follow-up by monitoring, evaluating progress toward achievement of the patient’s goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.

CP3 – Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

CP3.1 Recognize and respond to harm and potential harm from health care delivery, including patient safety incidents;

CP3.2 Adopt strategies that promote patient safety and address human and system factors;

As Communicators, pharmacy graduates:

CM1 – Communicate in a responsible and responsive manner that encourages trust and confidence

CM1.1 Select and use oral, non-verbal and written communication strategies (tools, techniques, technologies, etc.) effectively so that the patient’s best interests are foremost;

CM1.2 Provide timely, clear responses that are tailored to the context and audience;

CM1.3 Express facts, evidence, opinions and positions accurately and effectively, with clarity and confidence;

CM1.4 Listen, actively solicit and respond appropriately to ideas, opinions and feedback from others;
CM1.5 Use language, pace, tone, and non-verbal communication that is suitable for:
   a) the intended outcomes of the communication, and
   b) the complexity, ambiguity, urgency and/or difficulty of a situation, conversation or conflict
CM1.6 Seek and synthesize relevant information from others in a manner that ensures common understanding and where applicable, clarifies and secures agreement and/or consent;
CM1.7 Compose and share oral, written, and electronic information in a manner that optimizes patient safety, dignity, confidentiality, and privacy.

CM2 – Communicate in a manner that supports a team approach to health promotion and health care

CM2.1 Engage in respectful, empathetic, compassionate, non-judgmental, culturally safe, tactful conversations with patients, communities, populations, and health team members;
CM2.2 Demonstrate awareness of the impact of one’s own experience level, professional culture, biases and power and hierarchy within the health team on effective working relationships, communication and conflict resolution with health team members and adapt the approach to the situation appropriately;
CM2.3 Demonstrate accuracy and appropriateness of communication as well as respect for the role of other health team members when disclosing information about harmful or potentially harmful situations;
CM2.4 In word and in action, convey the importance of teamwork in patient-centred care, patient safety, health care quality improvement and health program delivery.

As Collaborators, pharmacy graduates:

CL1 – Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions

CL1.1 Establish and maintain positive relationships;
CL1.2 Recognize, respect and negotiate the roles and shared/overlapping responsibilities of team members;
CL1.3 Join with others in respectful, effective shared decision-making.

CL2 – Hand over the care of the patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care

CL2.1 Determine when and how care should be handed over to another team member;
CL2.2 Recognize, respect and honour the negotiate shared and overlapping responsibilities of patients, pharmacy team members and other health members when handovers occur;
CL2.3 Demonstrate safe handover of care, using oral, written, and electronic communication, during a patient transition to a different care provider or setting.

As Leader-Managers, pharmacy graduates:

**LM1 – Contribute to optimizing health care delivery and pharmacy services**

- □ LM1.1 Work with others to apply quality improvement strategies and techniques to optimize pharmacy care;
- □ LM1.2 Contribute to a culture of patient safety;
- □ LM1.3 Confirm the quality, safety, and integrity of products;
- □ LM1.4 Use health informatics to improve the quality of care, manage resources and optimize patient safety.

**LM2 – Contribute to the stewardship of resources in health care systems**

- □ LM2.1 Apply evidence and management processes to achieve cost appropriate care;
- ☒ LM2.2 Allocate health care resources for optimal patient care;
- □ LM2.3 Contribute to the management of finances and health human resources in pharmacy practice settings;

**LM3 – Demonstrate leadership skills**

- □ LM3.1 Demonstrate leadership skills to enhance pharmacy practice and health care.

**LM4 – Demonstrate management skills**

- □ LM4.1 Work with others to apply the principles of effective management and supervision of health human resources and medication use systems;
- □ LM4.2 Use effective strategies to manage and improve their own practice of pharmacy.

As Health Advocates, pharmacy graduates:

**HA1 – Respond to an individual patient’s health needs by advocating with the patient within and beyond the patient care environment**

- ☒ HA1.1 Work with patients to address determinants of health that affect them and their access to needed health services or resources;
- ☒ HA1.2 Work with patients to increase opportunities to adopt healthy behaviours;
HA1.3 Incorporate disease prevention, health promotion and health surveillance into interactions with individual patients.

**HA2 – Respond to needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner**

- HA2.1 Work with community or population to identify the determinants of health that affect them;
- HA2.2 Participate in health promotion and disease prevention programs.

As *Scholars*, pharmacy graduates:

**SC1 – Apply medication therapy expertise to optimize pharmacy care, pharmacy services and health care delivery**

- SC1.1 Use knowledge and problem-solving to arrive at recommendations and decisions that are appropriate, accurate, and practical;
- SC1.2 Use professional experience to solve routine, previously encountered problems;
- SC1.3 Use established decision-making frameworks and apply learning required to manage new situations and problems.

**SC2 – Integrate best available evidence into pharmacy practice**

- SC2.1 Generate focused questions related to needs for information, recommendations and decisions in practice;
- SC2.2 Use systematic approaches in the search for best available evidence;
- SC2.3 Critically appraise health-related research and literature;
- SC2.4 Incorporate best available evidence in the decision-making process.

**SC3 – Contribute to the creation of knowledge or practices in the field of pharmacy**

- SC3.1 Apply scientific principles of research and scholarly inquiry;
- SC3.2 Apply ethical principles that underlie research and scholarly inquiry.

**SC4 – Teach other pharmacy team members, the public and other health care professionals including students**

- SC4.1 Provide effective education to others;
- SC4.2 Employ appropriate teaching roles when teaching others;
☐ SC4.3 Deliver effective feedback in teaching and learning situations;

☐ SC4.4 Use appropriate learning assessment and evaluation strategies when working with patients, team members, students and teachers.

As Professionals, pharmacy graduates:

PR1 – Committed to apply best practices and adhere to high ethical standards in the delivery of pharmacy care

☒ PR1.1 Exhibit professional behaviour whether face-to-face, in writing, or via technology-enabled communication. Professional; behaviour includes, but is not limited to:

a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect for diversity and patient autonomy;
b) being accessible, diligent, timely and reliable in service to others;
c) abiding by the principle of non-abandonment;
d) maintaining appropriate interpersonal boundaries;
e) maintaining professional composure, demeanor, and language even in difficult situations, and;
f) maintaining privacy and confidentiality;

☒ PR1.2 Use ethical frameworks as one component of professional judgment;

☒ PR1.3 Recognize and respond to situations presenting ethical dilemmas, including conflicts of interest;

☐ PR1.4 Engage in activities that:

a) protect the public, and;
b) advance the practice of pharmacy.

PR2 – Able to recognize and respond to societal expectations of regulated health care professionals

☒ PR2.1 Take responsibility and accountability for actions and inactions;

☐ PR2.2 Demonstrate a commitment to patient safety and quality improvement;

☒ PR2.3 Honour the laws, ethical codes, and regulatory requirements (by-laws, standards, policies) that govern the self-regulated profession of pharmacy;

☐ PR2.4 Demonstrate an understanding of federal, provincial/territorial, and municipal laws, policies and standards that apply to pharmacy workplaces;

☐ PR2.5 Demonstrate an ability to maintain competence to practice through evaluating areas for improvement and planning, undertaking learning activities to address limitations in competence and/or performance and incorporating learning into practice;
PR2.6 Identify and respond to unprofessional, unethical, and illegal behaviours in pharmacists, other pharmacy team members, and other health professionals.

PR3 – Committed to self-awareness in the management of personal and professional well being

☐ PR3.1 Set professional and personal goals, priorities, and manage their time to balance patient care, workflow, and practice requirements;

☒ PR3.2 Examine, reflect upon, and manage personal attributes (knowledge, skills, beliefs, biases, motivations, emotions, etc.) that could influence self-development and professional performance;

☐ PR3.3 Adapt their practice of pharmacy to fulfill evolving professional roles;

☐ PR3.4 Recognize and respond to self and colleagues in need.